

Patient Financial Responsibility Policy

Our goal at Valley Pain Centers of AZ (VPC) is to alleviate the stress of financial burden from the patient so that their focus can be shifted to recovery. Therefore, the purpose of this Patient Financial Responsibility Policy is to explain your out-of-pocket financial cost sharing responsibility (i.e. co-insurance, copay, deductibles) for your medical claims. As explained in more detail below, determining a patient's financial responsibility under their health plan may be a challenge. This Policy is intended to help clarify the determination of your responsibility for any medical claims.

- VPC is licensed and a CMS certified Ambulatory Surgical Center (ASC)
- If VPC is “in network” with your insurance plan, then VPC will bill and collect applicable deductibles, copays, etc. as per the contract with your insurance plan.
- If VPC is “out of network” with your insurance plan, then VPC will bill your coinsurance at your plan's “in network” rate.

Our insurance team will verify your insurance benefits, inform you as to what your financial responsibility is, and collect any required payment prior to receiving treatment. Once your claim has been billed and correctly processed per your insurance plan by your insurance company, you may receive a bill from VPC showing a “patient balance owed”. Please bear in mind the following:

- If your procedure requires an injectable that is not covered, i.e. Stem cell, Amnion, PRP or Botox, there will be an additional charge.
- You may receive an explanation of benefits (EOB) from your insurance company showing initial processing of your healthcare claim. There will be an area noting “Your provider MAY hold you responsible for.” Please be aware this is NOT a bill. Any bill for any balance owed will come directly from VPC or its billing company.
- You may receive a check from your insurance company as payment for your medical claim. If so, you should forward it (with the EOB) immediately to our facility for processing. Any delay may result in collection efforts.
- VPC is here to help patients in all manners of their healthcare and therefore if at any time there is a financial burden, we will be sure to help in any way we can.

I understand this Patient Financial Responsibility Policy, and all of my questions have been answered pertaining to this Policy. I agree to sign over any checks and forward/bring in any Explanation of Benefits that I receive from my insurance company for care that was administered to me at VPC.

Patient signature _____ Date _____